

# **ER study hits popular notion: Crowding not due to migrants, uninsured**

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Contrary to popular belief, the uninsured and illegal immigrants are not to blame for the nation's crowded emergency rooms. So says a recent study that examined the use - and overuse - of ERs in communities across the country.

The study found that in communities with high populations of immigrants and uninsured, ER use was actually less than in communities with fewer of both groups.

Peter Cunningham, author of the study, is a senior fellow at the Center for Studying Health System Change, a nonpartisan research organization based in Washington.

Cunningham said he was somewhat surprised by his findings. He said many of the patients in emergency departments are insured, either privately or through Medicaid. They go to emergency rooms because they're convenient and are open during nonworking hours.

"When there's higher ER use in the community, it's the insured population that drives it," Cunningham said. "They actually, in a lot of cases, find the ER to be a more efficient means of getting medical care."

Whereas it is true that the uninsured and immigrants depend on the ER for their medical needs, they actually use less medical care, according to Cunningham. They're less likely to seek care for minor problems.

"That surprises a lot of people," Cunningham said. "But in communities that have high populations of uninsured and immigrants, you tend to see low levels of use" of emergency rooms, he said.

But not everyone is in agreement about the relative numbers of immigrants using an area's ER's.

A study in the current New England Journal of Medicine found that people with low health literacy were more likely to seek care at the emergency room and that more than half of primarily Spanish-speaking patients at U.S. public hospitals have low health literacy.

"One analysis found that Medicare enrollees with low health literacy were more likely than enrollees with adequate health literacy to use the emergency room and to be admitted as inpatients," the study said.

Local emergency physicians say there are many reasons ERs are packed, and treating immigrants and the uninsured is just one of them.

They say the two groups are, in fact, a factor in crowding at local emergency departments, but they are not the biggest problems they face.

Dr. Rodney Borger, chairman of the department of emergency medicine at Arrowhead Regional Medical Center in Colton, said he's not surprised by the study's findings.

Immigrants and the uninsured are just part of the problem of emergency department crowding, Borger said. He said people harbor misconceptions about the role they play in clogging emergency rooms across the country.

"If everybody was insured overnight emergency departments would still be overcrowded," Borger said. "And people think that if the undocumented immigrants would disappear they could go to the emergency department and get care immediately. That's not the case."

Borger said the biggest cause of emergency-room backlogs is simply that there aren't enough hospitals to provide care to everyone who needs it.

Another factor that clogs emergency departments is a shortage of inpatient beds in hospitals. Without a bed to transfer a patient to, an emergency doctor has to keep the patient in a bed in the emergency room, a bed that could be used for another patient who has urgent needs.

Borger said emergency department crowding isn't limited to Southern California, and the solution won't be either.

He said a unified national strategy is needed to have all patients insured. Also, the capacity of the health-care system needs to be increased, with more hospitals and more clinics to care for non-emergency illnesses.

Now, all hospitals have to comply with a 1986 federal legislation called the Emergency Medical Treatment and Active Labor Act.

The act requires that patients be screened and their conditions stabilized before any questions can be asked about their insurance status or ability to pay.

Jaynie Boren, spokeswoman for San Antonio Community Hospital in Upland, said that because of the act many patients use the emergency room as their primary care provider.

"What they don't understand is that we are going to triage people with greater, more urgent needs first," Boren said. "People with minor problems have to wait, and that's what clogs up the system."

Dr. Brian Bearie, director of emergency services at St. Bernardine Medical Center in San Bernardino, said he was "a bit surprised" by the study's findings.

Bearie agreed with Borger that the biggest problem is simply one of supply and demand. Dozens of emergency departments have closed over the past decade, and the population has exploded.

Still, he and his staff do their best to take care of every patient who comes through their doors.

"We treat them all the same whether they're legal or illegal, whether they can afford to pay or not," Bearie said. "Anyone who feels they're having an emergency, we hope they come in and get seen."